

FILED MAY. 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14377

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1981

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Pleasant Hill 0190	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Lukes Hospital		d. STREET ADDRESS (If rural, give location) North part of town	
3. NAME OF DECEASED (Type or Print) a. (First) MAXINE b. (Middle) M. c. (Last) MOORE		4. DATE OF DEATH (Month) (Day) (Year) 4-10-1953	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-18-1919
9. AGE (In years last birthday) 33		10. IF UNDER 1 YEAR Months Days Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) East Lynne, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Irwin Dillon		13b. MOTHER'S MAIDEN NAME Bertha Mae Smith	
14. NAME OF HUSBAND OR WIFE Howard Moore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-14-874	
17. INFORMANT'S SIGNATURE OR NAME Howard Moore, Pleasant Hill, Mo.		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, sigmoid colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none.	
19a. DATE OF OPERATION 10-15-53		19b. MAJOR FINDINGS OF OPERATION Carcinoma, undifferentiated, sigmoid	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 9-26-1952, to 4-10-1953, that I last saw the deceased alive on 4-10-53, and that death occurred at 11:55 P.m., from the causes and on the date stated above.			
23a. SIGNATURE A. W. Eklund (Degree or title) MD		23b. ADDRESS Pleasant Hill, Mo.	
23c. DATE SIGNED 4-11-53			
24a. BURIAL CREMATION (Specify) Burial		24b. DATE 4/13/53	
24c. NAME OF CEMETERY OR CREMATORY Strasburg Cemetery		24d. LOCATION (City, town, or county) (State) Strasburg Missouri	
DATE REC'D BY LOCAL REG. 4-13-53		REGISTRAR'S SIGNATURE Geraldine Smith	
FURNERAL DIRECTOR'S SIGNATURE C. W. Brownfield		ADDRESS Pleasant Hill Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3921

P. O. Address Pleasant Hill

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.